

<div style="display: flex; align-items: center; justify-content: space-between;"> <div style="font-size: 2em; font-family: cursive;">C</div> <div style="text-align: center;"> CLAIMS ONLY </div> </div>							Application Number <div style="font-size: 1.5em; font-family: cursive;">09/922231</div>		Filing Date	
Applicant(s)										
* May be used for additional claims or amendments										
CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT					
	Indep	Depend	Indep	Depend	Indep	Depend				
1										
2										
3										
4										
5										
6										
7										
8										
9										
10										
11										
12										
13										
14										
15										
16										
17										
18										
19										
20										
21										
22										
23										
24										
25										
26										
27										
28										
29										
30										
31										
32										
33										
34										
35										
36										
37										
38										
39										
40										
41										
42										
43										
44										
45										
46										
47										
48										
49										
50										
Total										
Indep										
Total										
Depend										
Total										
Claims										
51										
52										
53										
54										
55										
56										
57										
58										
59										
60										
61										
62										
63										
64										
65										
66										
67										
68										
69										
70										
71										
72										
73										
74										
75										
76										
77										
78										
79										
80										
81										
82										
83										
84										
85										
86										
87										
88										
89										
90										
91										
92										
93										
94										
95										
96										
97										
98										
99										
100										
Total										
Indep										
Total										
Depend										
Total										
Claims										